Fill in this information to identify your case:		THE WAY OF MAINTE
United States Bankruptcy Court for the:		INTED STATE OF THE SALE
Northern District of Illinois		OLUDRI. & B. CHIL
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12	ALLSTER T
	Chapter 13	JEFFREY Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Ė	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
g	Write the name that is on your government-issued picture	Gail	
	identification (for example,	First name	First name
	your driver's license or	Charisse	
	passport).	Middle name	Middle name
	Bring your picture	Jones	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
			the state of the s
2.	All other names you		
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of	No	
	your Social Security	xxx - xx - <u>1 4 7 2</u>	XXX - XX
	number or federal Individual Taxpayer	OR	OR
	Identification number	9 xx - xx	9 xx - xx

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 2 of 54

btor 1 Gail Charisse First Name Middle N		Case number (# known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	☐ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and		
doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
Where you live		If Debtor 2 lives at a different address:
	2215 West 111th Street	
	Number Street	Number Street
	Apt 101	
	Chicago IL 60643 City State ZIP Code	City State ZIP Cor
	_	City State ZIP Coo
	Cook County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Vhy you are choosing	Check one:	Check one:
his district to file for pankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
	\$ - 111 Market date	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 3 of 54

D	Debtor 1 <u>Gall Charlss 6</u> First Name Middle N		Last Na	ne		Case number (#	f known)	
	z a stáithe stá							
ľ	Part 2: Tell the Court Abo	ut Your	Bankru	ptcy Case				
7.	The chapter of the Bankruptcy Code you	Check for Ban	one. (Fo kruptcy	r a brief description of eac (Form 2010)). Also, go to t	h, see Not he top of p	tice Required by 1 page 1 and check	1 U.S.C. § 342(b) for Individue	iduals Filing
	are choosing to file under		apter 7					
		☐ Cha	apter 11	İ				
		☐ Cha	apter 12	2				
		☑ Cha	apter 13	}				
8.	How you will pay the fee	Ioca you sub with I ne App	al court rself, you mitting a a pre- ed to p dication quest that aw, a ju than 1 the fee	for more details about to may pay with cash, or your payment on your borinted address. The provided address of the fee in installments for Individuals to Pay 1 and 1 a	ents. If your may uired to, rty line thoose the	may pay. Typica check, or money our attorney may but choose this op Fee in Installment request this op waive your fee, at applies to you his option, you method the check the control of the check t	neck with the clerk's officially, if you are paying the property order. If your attorney pay with a credit card of pay with a credit card of pay with a credit card of paying and attach the parts (Official Form 103A tion only if you are filing and may do so only if your family size and you aroust fill out the Application	e fee is or check te
		Cila	pter i i	Filing Fee Waived (Office	al Form	103B) and file it	with your petition.	
9.	Have you filed for	□ No						
	bankruptcy within the last 8 years?		District	Northern Illinois	When	10/01/2015	Case number 15-23051	
			District	Northern Illinois	When	MM / DD / YYYY 02/01/2012	Case number	
					***********************************	MM / DD / YYYY		
			District		When	MM / DD / YYYY	Case number	
						WINE 7 (20) 1131		
10.	Are any bankruptcy	☑ No						
	cases pending or being filed by a spouse who is	Yes.	Debtor				Relationship to you	
	not filing this case with you, or by a business partner, or by an affiliate?						Case number, if known	
			Debtor				Relationship to you	
			District		When		Case number, if known	
						MM / DD / YYYY	.,	
11.	Do you rent your residence?	☐ No. ☑ Yes.	residen	ur landlord obtained an ev	iction judg	ment against you	and do you want to stay in	your
			☐ Yes		About an E	Eviction Judgment	Against You (Form 101A)	and file it with

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 4 of 54

	Jones	Last Name	Case number (if know	wn)
				
art 3: Report About Any I	susines:	ses You Own as a Sole	Proprietor	
Are you a sole proprietor	🛭 No.	Go to Part 4.		
of any full- or part-time business?	☐ Yes	Name and location of busi	ness	
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		Name of business, if any		
a corporation, partnership, or LLC.		Number Street		
If you have more than one sole proprietorship, use a separate sheet and attach it				1-11-11-11-1
to this petition.		City	State	ZIP Code
		Check the appropriate box	to describe your business:	
			(as defined in 11 U.S.C. § 101(27A))	
			ite (as defined in 11 U.S.C. § 101(51B))
		☐ Stockbroker (as defined	d in 11 U.S.C. § 101(53A))	
		☐ Commodity Broker (as	defined in 11 U.S.C. § 101(6))	
		None of the above		
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see	most recany of the	appropriate deadlines. If you ent balance sheet, stateme lese documents do not exis I am not filing under Chapte		is debtor, you must attach your and federal income tax return or if 1116(1)(B).
11 U.S.C. § 101(51D).	L∎ No.	I am filing under Chapter 1: the Bankruptcy Code.	1, but I am NOT a small business debi	tor according to the definition in
	Yes.	I am filing under Chapter 1 ⁻ Bankruptcy Code.	f and I am a small business debtor ac	cording to the definition in the
rt 4: Report if You Own o	r Have	Any Hazardous Proper	ty or Any Property That Needs	Immediate Attention
	🛭 No			
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to		What is the hazard?		
property that poses or is alleged to pose a threat of imminent and		_	eeded, why is it needed?	
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs		_	eeded, why is it needed?	
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building		If immediate attention is not attention is not attention.	eeded, why is it needed?	
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building		If immediate attention is not attention is not attention.		

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 5 of 54

Debtor 1	Gail Cha	arisse Jone		Case number (if known)
	Hist Name	Middle Name	Last Name	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Ahaut	Debtor	4 -

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing at	out
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet own after the property of the country o

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not requir	ed to rece	ive a l	oriefing	about
	credit counsel	ing becaus	se of:		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after !

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 6 of 54

De	ebtor 1 Gail Charisse	Jones Ime Last Name	Case number (# k	nown}	
P	art 6: Answer These Que	estions for Reporting Purpo	oses		
16	. What kind of debts do you have?	16a. Are your debts primas "incurred by an individ	arily consumer debts? Consumer del dual primarily for a personal, family, or hou	bts are defined in 11 U.S.C. § 101(8) usehold purpose."	
	,,,,,,,,,,	No. Go to line 16b. Zero Yes. Go to line 17.			
		16b. Are your debts prima money for a business or	arily business debts? Business debts investment or through the operation of the	are debts that you incurred to obtain business or investment.	
		□ No. Go to line 16c.□ Yes. Go to line 17.			
		16c. State the type of debts yo	ou owe that are not consumer debts or bu	siness debts.	
17.	Are you filing under Chapter 7?	✓ No. I am not filing under (Chapter 7 Go to line 18	1,110,000	
	Do you estimate that after any exempt property is	Yes. I am filing under Char	oter 7. Do you estimate that after any exer ses are paid that funds will be available to	mpt property is excluded and	
	excluded and	□ No	ses are paid triat lutios will be available to	distribute to unsecured creditors?	
administrative expenses are paid that funds will be available for distribution to unsecured creditors?					
18.	How many creditors do you estimate that you	☑ 1-49 □ 50-99	1,000-5,000	2 5,001-50,000	
owe?		100-199 200-999	☐ 5,001-10,000 ☐ 10,001-25,000	50,001-100,000 More than 100,000	
19.	How much do you estimate your assets to	2 \$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion	
	be worth?	\$50,001-\$100,000 \$100,001-\$500,000	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion	
		\$500,001-\$1 million	□ \$100,000,001-\$500 million	\$10,000,000,001-\$50 billionMore than \$50 billion	
	How much do you	\$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion	
	estimate your liabilities to be?	\$50,001-\$100,000	\$10,000,001-\$50 million	☐ \$1,000,000,001-\$10 billion	
		\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion	
a	17: Sign Below	- \$300,001-\$1 Halloff	□ \$100,000,001-\$500 million	☐ More than \$50 billion	
Foi	r you	I have examined this petition, a correct.	nd I declare under penalty of perjury that	the information provided is true and	
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me an this document, I have obtained	d I did not pay or agree to pay someone v and read the notice required by 11 U.S.C.	who is not an attorney to help me fill out . § 342(b).	
		I request relief in accordance w	ith the chapter of title 11, United States Co	ode, specified in this petition.	
		I understand making a false sta with a bankruptcy case can resu 18 U.S.C. \$\$ 152, 1341, 1519,	uit in fines up to \$250,000, or imprisonme:	money or property by fraud in connection nt for up to 20 years, or both.	
		* July	mes x		
		Signature of Debtor 1	Signature	of Debtor 2	
		Executed on	YYYY Executed	on	
				POP / WW / TITE	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 7 of 54

Debtor 1 Gail Charisse First Name Middle Nar		Case number (if known)	
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in thi to proceed under Chapter 7, 11, 12, or 13 o available under each chapter for which the the notice required by 11 U.S.C. § 342(b) at knowledge after an inquiry that the informat	f title 11, United States Code, a person is eligible. I also certify nd, in a case in which § 707(b)(and have explained the relief that I have delivered to the debtor(s 4)(D) applies certify that I have no
	Signature of Attorney for Debtor	Date	MM / DD /YYYY
	Printed name		
	Firm name	-	
	Number Street	14.14.14.14.14.14.14.14.14.14.14.14.14.1	
	City	State	ZIP Code
	Contact phone	Email address	S MARIANA MARI
	Bar number	State	-

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 8 of 54

Jocument Page 8 of 54

ator 1

First Name Middle Name Last Name Case number (# known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

11-3					
Are you aware that filing for bankruptcy is a serious consequences?	action with long-term financial and legal				
□ No					
☑ Yes					
<i>f</i>					
Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?					
□ No	ooned:				
Yes Yes					
Did you pay or agree to pay someone who is not an a	attorney to help you fill out your bankruptcy forms?				
Yes. Name of Person					
Attach Bankruptcy Petition Preparer's Notice, D	Adamtion and Civilian				
, and thousand	ocial ation, and Signature (Official Form 119).				
By signing here, I acknowledge that I understand the have read and understood this notice, and I am aware attorney may cause me to lose my rights or property in	risks involved in filing without an attorney. I e that filing a bankruptcy case without an f I do not properly handle the case.				
* Andranas	Y				
Signature of Debtor 1					
8/11/2010	Signature of Debtor 2				
Date OTIGITOR	Date				
Contact phone WALTER H. Tones	Contact phone 700845-6869				
Cell phone	Cell phone				
Email address					
Wilder Street St	Email address				

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 9 of 54

Fill in this information to identify your case:	
errora in anti-article in anti-article factories, in especialistic factories and in extendible factories.	
Debtor 1 Gail Charisse Jones First Name Middle Name Lost Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known)	☐ Check if this is an amended filing
	-
Official Form 106Sum	
444444	
Summary of Your Assets and Liabilities and Certain Statistic	
Be as complete and accurate as possible. If two married people are filing together, both are equally respinformation. Fill out all of your schedules first; then complete the information on this form. If you are filing your original forms, you must fill out a new Summary and check the box at the top of this page.	consible for supplying correct ing amended schedules after you file
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0.00
The copy and copy to the control of the copy and the copy	
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>17,850.00</u>
tc. Copy line 63, Total of all property on Schedule A/B	\$ 17,850.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Amount you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedu	# 12,300.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 4,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 7,344.53
	st liabilities s 23,644.53
Your total	al liabilities \$ 23,044.53
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$
5. Schedule J: Your Expenses (Official Form 106J)	2210 00
Copy your monthly expenses from line 22c of Schedule J	\$_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 10 of 54

Эе	btor 1	Gail Chai	risse Jones	Last Name	Million of the fact of the fac	Case number (if known)	
2	art 4:	Answer Th	ese Questions		e and Statistical Rec	cords	
â.	Are you	u filing for ba	ınkruptcy under	Chapters 7, 11, or 13	3?		
	No. V Yes	You have no	thing to report on	this part of the form. C	Check this box and submit	t this form to the court with you	ur other schedules.
7.	What ki	ind of debt de	o you have?				
	You fam	ı r debts are ş ily, or househ	orimarily consun old purpose." 11 i	ner debts. Consumer U.S.C. § 101(8). Fill ou	debts are those "incurred at lines 8-9g for statistical	by an individual primarily for a purposes. 28 U.S.C. § 159.	a personal,
	You this	ir debts are r form to the co	not primarily con ourt with your othe	sumer debts. You ha er schedules.	ive nothing to report on th	is part of the form. Check this	box and submit
3.	From the Form 12	n e Statement 22A-1 Line 11	of Your Current ; OR, Form 122B	Monthly Income: Co Line 11; OR, Form 12	py your total current mont 22C-1 Line 14.	thly income from Official	\$4,420.00
ı	Copy th	e followina s	necial categorie	s of claims from Dar	t A line 6 of Schodule E	Æ.	

	Total	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	297.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,297.00

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 11 of 54

Fill in this information to identify your case:		
Goil Chasiasa James		
Debtor 1 Gail Charisse Jones First Name Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of	Illinois	
Case number (If known)		
(II KIOWO)		Check if this is ar amended filing
		amended ming
Official Form 106Dec		
Declaration About an	Individual Debtor's Schedules	12/15
If two married people are filing together, both are e	equally responsible for supplying correct information.	
	tcy schedules or amended schedules. Making a false statement, concealing	
Sign Below		
Did you pay or agree to pay someone who is No	OT an attorney to help you fill out bankruptcy forms?	Wildeling of the second of the
Did you pay or agree to pay someone who is No		in and
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration Signature (Official Form 119).	n, and
Did you pay or agree to pay someone who is No	. Attach Bankruptcy Petition Preparer's Notice, Declaratio	n, and
Did you pay or agree to pay someone who is No Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaratio	n, and
Did you pay or agree to pay someone who is No Yes. Name of person Under penalty of perjury, I declare that I have re	. Attach Bankruptcy Petition Preparer's Notice, Declaration Signature (Official Form 119).	n, and
Did you pay or agree to pay someone who is No Yes. Name of person Under penalty of perjury, I declare that I have re	. Attach Bankruptcy Petition Preparer's Notice, Declaration Signature (Official Form 119). Pad the summary and schedules filed with this declaration and	n, and

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 12 of 54

Fill in th	nis Information to identify your case and thi	s filing:		
Debtor 1	Gail Charisse Jones			
	First Name Middle Name	Last Name		
Debtor 2 (Spouse, if	filing) First Name Middle Name	Last Name		
United St	ates Bankruptcy Court for the: Northern District of	Illinois		
Case nun	nber			
			C	Check if this is an
				amended filing
Offic	ial Form 106A/B			
Sch	nedule A/B: Propert	y		12/15
categor respons write you Part 1:	y where you think it fits best. Be as complesible for supplying correct information. If mour name and case number (if known). Answ Describe Each Residence, Building,	Land, or Other Real Estate You Own or Ha	e are filing together, be is form. On the top of a we an Interest In	oth are equally
_	ou own or have any legal or equitable intere o. Go to Part 2.	st in any residence, building, land, or similar prop	erty?	
	o. Go to Part 2. es. Where is the property?			
	The state of the property of the state of th	What is the property? Check all that apply.	Do not deduct secured d	aims or exemptions. Put
1.1.		☐ Single-family home	the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
*, 1.	Street address, if available, or other description	☐ Duplex or multi-unit building☐ Condominium or cooperative		
		Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		☐ Land	\$	\$
		☐ Investment property ☐ Timeshare	Describe the nature	of your ownership
	City State ZIP Code	Other	interest (such as fee the entireties, or a lif	simple, tenancy by
		Who has an interest in the property? Check one.		
		Debtor 1 only	**************************************	
	County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	and the second
		Other information you wish to add about this it	em, such as local	
lf vou	own or have more than one, list here:	property identification number:		
,	own of flavo flore dian one, not flore.	What is the property? Check all that apply.	Do not deduct secured da	rima an avenualiana Dist
		☐ Single-family home	the amount of any secure	d claims on Schedule D:
1.2.	Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
		Condominium or cooperative Manufactured or mobile home	Current value of the	Current value of the
		Manufactured or mobile home Land	entire property?	portion you own?
		☐ Investment property	\$	\$
	City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee	simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
		Debtor 1 only		
	County	Debtor 2 only		
	County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		☐ At least one of the debtors and another	(see instructions)	Proporty
		Other information you wish to add about this ite	m, such as local	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 13 of 54

Debtor 1		Jones lie Name Last Name	Case number (a	known)	
1.3.	Street address, if availab	le, or other description State ZIP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? Describe the nature interest (such as fee	ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership
	County	117 Section 1	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	e estate), if known.
			Other information you wish to add about this its property identification number:		
Part 2: Po you c	Describe Your \ own, lease, or have leg that someone else drive	al or equitable interes	et in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	3
Cars,	vans, trucks, tractors,	, sport utility vehicles,	, motorcycles		
☐ No ☑ Ye	-				
3.1.	Make: Model: Year: Approximate mileage: Other information:	Lucerne 2011 45000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? 13,300.00	l claims on <i>Śchedule D:</i>
If you	our or have more than	one describe have			
3.2.	own or have more than Make: Model: Year: Approximate mileage:	One, describe fiere:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property?	claims on Schedule D:
	Other information:		Check if this is community property (see	\$	\$

instructions)

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 14 of 54

3.4. M Y A	Make: Model: Model: Mopproximate mileage: Model: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claimed the amount of any secure Creditors Who Have Claimed Current value of the entire property? \$	d claims on Schedule D: ms Secured by Property.	
3.4. M Y	//odel: /ear: /pproximate mileage: Other information: fake: //odel: //ear:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clair	d claims on Schedule D: ns Secured by Property. Current value of th
3.4. M Y A	rear: Approximate mileage: Other information: Make: Model: Mear:	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Current value of the entire property? \$ Do not deduct secured classes.	ns Secured by Property. Current value of th
3.4. N N Y	Approximate mileage: Other information; fake: flodel:	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only	Current value of the entire property? \$ Do not deduct secured cla	Current value of th
3.4. M M Y	Other information; Make: Model: Moder:	☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. ☐ Debtor 1 only	s Do not deduct secured cla	
3.4. M M Y	Other information; Make: Model: Moder:	☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. ☐ Debtor 1 only	\$ Do not deduct secured cla	\$
3.4. M M Y	fake: flodel: ear:	who has an interest in the property? Check one. Debtor 1 only		\$
N Y	flodel:	Debtor 1 only		
N Y	flodel:	Debtor 1 only		ime or exemptions Dut
Y A	ear:		the amount of any secure	d claims on Schedule D:
A			Creditors Who Have Clain	ns Secured by Property.
	pproximate mileage:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
0	• • • • • • • • • • • • • • • • • • • •	At least one of the debtors and another	entire property?	portion you own?
	ther information:			
		☐ Check if this is community property (see instructions)	\$	\$
Example No Yes 4.1. M		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see		claims on Schedule D:
4.2. Ma	vn or have more than one, list her ake: odel:	instructions) Te: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		claims on Schedule D:
Ot	ther information:	☐ At least one of the debtors and another	entire property?	portion you own?
		☐ Check if this is community property (see instructions)	\$	\$
Add tho	dollar value of the portion you	own for all of your entries from Part 2, including any entries	Г	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 15 of 54

Debtor 1

Gail Charisse Jones

information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

irst Name	Middle Name	Last Name	

Case number (# known)_____

4,500.00

Do yo	u own or have any legal or equitable interest in any of the following items?	portion y	value of the you own? duct secured claims ons.
6. Ho	usehold goods and furnishings	•	
	amples: Major appliances, furniture, linens, china, kitchenware		
	No No Paradita de la constante		
	Yes. Describe Household furnishings	\$	2,000.00
7. Ele	ctronics		
	amples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	No Yes Describe		
_	Yes. Describe television, cell phone	\$	1,000.00
	lectibles of value		
Exa Z	amples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe	•	
		3	
-	ipment for sports and hobbies		
Exa Z	amples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	Yes, Describe	_	
		\$	
10. Fire			
Exa Z	mples: Pistols, rifles, shotguns, ammunition, and related equipment		
	Yes. Describe		
		\$	
1. Clot			
Exa	mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe clothing	¢	1,000.00
		Φ	.,000.00
2. Jew	elry		
	mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	No Year December		500.00
42	Yes. Describering	\$	500.00
	-farm animals		
	mples: Dogs, cats, birds, horses		
2	No Yes. Describe		
	red. Deadling	\$	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 16 of 54

Debtor	1

Gail Charisse Jones
First Name Middle Name

irst Name	Middle N

Last Name

Case number (# known)_

Do you own or have any	/ legal or equitable interest in	any of the following?		Current va portion yo Do not dedu or exemption	u own? ct secured clain
16. Cash					
Examples: Money you	have in your wallet, in your ho	ne, in a safe deposit box, and on hand when you file	your petition		
□ No					
2 Yes		Ca	ash:	\$	50.00
and other s	savings, or other financial acco similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, b nultiple accounts with the same institution, list each.	rokerage houses,		
☑ No ☐ Yes		Institution name:			
		History Marie.			
	17.1. Checking account:		······································	\$	
	17.2. Checking account:		_	\$	
	17.3. Savings account:			\$	
	17.4. Savings account:				***************************************
	17.5. Certificates of deposit:				
	17.6. Other financial account:		•		
	17.7. Other financial account:				
				\$	····
	17.8. Other financial account:			\$	
	17.9. Other financial account:			\$	
	or publicly traded stocks investment accounts with brok	erage firms, money market accounts			
				\$	
			·	\$	
		111111111111111111111111111111111111111		\$	
19. Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, including a	ın interest in		
☑ No	Name of entity:	% (of ownership:		
Yes. Give specific information about		09		\$	***************************************
them		09	%	_	
	V	09	<u>%</u>	\$	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 17 of 54

ŀ		Case number (# know	
	itst Name Middle Name	Last Name	
_			
		other negotiable and non-negotiable instruments	
Non-negotia	instruments include personal i able instruments are those you	checks, cashiers' checks, promissory notes, and money orders.	
2 No			
Yes. Give	e specific Issuer name:		
informati	on about		r.
tile	***************************************		T WALLS
			Ф
			Ψ
Retirement	or pension accounts		
	nterests in IRA, ERISA, Keogl	n, 401(k), 403(b), thrift savings accounts, or other pension or profit	-sharing plans
☑ No			
Yes. List	each separately. Type of account:	Institution name:	
	• • •		•
	401(k) or similar p	an:	<u> </u>
	Pension plan:	Martin Commence of the Commenc	\$
	IRA:	***************************************	\$
	Retirement accour	1.	\$
	Keogh:		<u> </u>
	Additional account		
	Additional account		\$
. Consulte de un	Additional account		
Your share o	Additional account posits and prepayments fall unused deposits you have greements with landlords, pre		\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, preprothers	e made so that you may continue service or use from a company	\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, preprothers	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, prepayments.	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, prepayments.	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments if all unused deposits you have greements with landlords, preor others Electric: Gas: Heating oil:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$\$\$\$\$\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments if all unused deposits you have greements with landlords, preor others Electric: Gas: Heating oil:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$\$\$\$\$\$\$\$\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments if all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$\$\$\$\$\$\$\$\$\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, prepar others Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$\$\$\$\$\$
Your share o Examples: A companies, o	Additional account posits and prepayments of all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$ \$
Your share o Examples: A companies, o	Additional account posits and prepayments If all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$ \$
Your share o Examples: As companies, o	Additional account cosits and prepayments of all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: rental unit:	\$\$ \$
Your share o Examples: A companies, o	Additional account cosits and prepayments of all unused deposits you have greements with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$\$\$\$\$\$\$
Your share o Examples: A companies, o No Yes Annuities (A	Additional account posits and prepayments If all unused deposits you have greements with landlords, prepart others Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: rental unit: rental unit:	\$\$\$\$\$\$\$
Your share o Examples: Al companies, o No Yes Annuities (A	Additional account posits and prepayments If all unused deposits you have greements with landlords, prepart others Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: rental unit: rental unit:	\$\$\$\$\$\$

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 18 of 54

Debtor 1	Gall Charisse Jon		Case nur	mber (if known)	
	First Name Middle Nan	me Last Name		-	
24. Interests	s in an education IRA, i C. §§ 530(b)(1), 529A(b),	in an account in a qualifie	ed ABLE program, or under a qualifie	d state tuition program.	
20 0.3.0	2. 33 000(b)(i), 023A(b),	, and 929(0)(1).			
	b				
- 103	lı	nstitution name and descrip	otion. Separately file the records of any	interests.11 U.S.C. § 521	(c):
	_				\$
	_				
	_				\$
	_		***************************************		\$
25 Truste 4	equitable or future inte	racte in nranarh/latha-44	an anything listed in line 1), and righ		
exercisa	ible for your benefit	rears in broberry (other th	an anything listed in line 1), and righ	its or powers	
Z No					
Yes.	Give specific				
inforr	mation about them				\$
26. Patents,	copyrights, trademark	s, trade secrets, and other	er intellectual property		
	s: internet domain name	s, websites, proceeds from	royalties and licensing agreements		
☑ No					
	Give specific nation about them				ф.
HHOIE	nation about them				\$
27 icenses	s, franchises, and othe	r ganaral intangibles			
			association holdings, liquor licenses, pr	rofessional licenses	
☑ No	÷ ,	,			
	Give specific				
	nation about them				\$
Money or pr	roperty owed to you?				Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
28. Tax refur	nds owed to you				
2 No	•				
	Give specific information	ı			_
a	about them, including wh	nether		Federal:	\$
	you already filed the retu and the tax years			State:	\$
				Local:	\$
29. Family si					
	s: Past due or lump sum	alimony, spousal support, of	child support, maintenance, divorce sett	tlement, property settleme	nt
Z No					
☐ Yes. (Give specific information	L		AP	
				Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
				Property settlement:	\$
0. Other am	ounts someone owes	you			
⊨xamples	: Unpaid wages, disabili Social Security benefit	ity insurance payments, disa is; unpaid loans you made t	ability benefits, sick pay, vacation pay,	workers' compensation,	
Z No	Join Cooking Bortone	~,para rouno you made t	o composito espe		
	Sive specific information				

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 19 of 54

Debtor 1	Gail Charisse Jones		Case number (#known)	
	First Name Middle Name	Last Name	-	
04 (m4====	to to the second			
	is in insurance policies es: Health, disability, or life insuran	ce; health savings account (HSA); credit, homeowner's, or renter's insurance	
☑ No		,	,,	
Yes.	Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
				\$
		***************************************		\$
				\$
If you an	erest in property that is due you e the beneficiary of a living trust, en because someone has died.	from someone who has died xpect proceeds from a life insura	nce policy, or are currently entitled to receive	
	Give specific information			
	•			\$
33. Claims a Example	against third parties, whether or es: Accidents, employment disputes	not you have filed a lawsuit or s, insurance claims, or rights to s	made a demand for payment ue	
	Describe each claim.			
				\$
34. Other co to set of \(\mathbb{\overline{\mathbb{\overline{\ov	ontingent and unliquidated claim If claims	s of every nature, including co	unterclaims of the debtor and rights	
Yes.	Describe each claim			
			•	\$
.				
	ncial assets you did not already	list		
☑ No ☐ Yes	Give specific information			
				\$
36. Add the	dollar value of all of your entries	from Part 4. including any en	ries for pages you have attached	
for Part	4. Write that number here			\$5,000.00
Part 5:	Describe Any Business-R	elated Property You Ov	n or Have an Interest In. List any r	eal estate in Part 1.
7. Do you o	wn or have any legal or equitabl	e interest in any business-rela	ted property?	
	60 to Part 6.			
Yes.	Go to line 38.			
				Current value of the
				portion you own? Do not deduct secured claims or exemptions.
8. Accounts	s receivable or commissions you	ı already earned		
☑ No				
Yes. I	Describe			
o 040		•		\$
	uipment, furnishings, and suppl Business-related computers, software,		nes, rugs, telephones, desks, chairs, electronic devices	
☑ No		F	,	
☐ Yes I	Describe			

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 20 of 54

Debtor 1	Gail Chari	sse Jones			ase number (# known)	
	First Name	Middle Name	Last Name	·····	ASE HUITING! (# KROWN)	
40. Machine	ery, fixtures, e	quipment, suppl	ies you use in b	usiness, and tools of your trade		
☑ No			_	, ,		
	Describe					
— 163.	Describe					\$
41.Inventor	у					
√a No						
Yes.	Describe					\$
						* *************************************
42 interests	: in nartnarch	ips or joint ventu	1506			
M No	ni parareran	ips of John Vent	iles			
	Doccribo					
₩ 165.	Describe	Name of entity:			% of ownership:	
					%	\$
					%	\$
					%	\$
					·	***************************************
	er lists, mailin	g lists, or other o	ompilations			
₩ No						
		include personal	lly identifiable ir	formation (as defined in 11 U.S.C	C. § 101(41A))?	
	☐ No					
	Yes. Desci	ribe				_
						\$
44 Any husi	inacc.ralatad	property you did	not nirondu liet			
M No	illess leiated	property you ulu	not alleady list			
	Give specific					
	nation					\$
			17700000		***************************************	\$
						\$
			···			\$
				***************************************		\$
			··········			\$
AE Anial Alex	dellas valva s	£ =11 =£				
for Part !	uonar value o 5. Write that n	i ali oi your entri Ilmber boro	es from Part 5, I	ncluding any entries for pages y	ou have attached	\$0.00
,	or annual trials in				······································	
/20-34 (S. 1/2) (S.	D					
Part 6:	Describe An If you own or	l y rarm- and C have an interest	ommercial Fis in farmland list	hing-Related Property You C)wn or Have an Interest I	n.
46 Do vou o	wn or bave an	v lensi or equits	hie intercet in a	ny farm- or commercial fishing-r	alatad was a set of	
M No G	to to Part 7.	y logal of equita	Die interest in a	ny lain- or commercial isning-r	erated property?	
	3o to line 47.					
						Current value of the portion you own?
						Do not deduct secured claims
47 Eggs:	male					or exemptions.
47. Farm ani		ultre form rain-d	fich			
	s. Livestock, po	ultry, farm-raised	แรก			
₩ No						
■ Yes	***************************************					

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 21 of 54

Debto	r 1	Gail Charisse Jones			Case number (if known)		
		First Name Middle Name Last Name					
48. Cro	ops-e	ither growing or harvested					
	No				Seemen and a seemen we are required an according to the seemen and		
		Sive specific ation				e	
49 Far	m and	fishing equipment, implements, machinery, fi	vtures and to	nie of trado		J	
Z	No		Attites, and to				
u	Yes				****		
_						\$	
	m and No	fishing supplies, chemicals, and feed	,				

						\$	
		and commercial fishing-related property you	did not alread	y list			
	No Yes G	live specific					
		ation				\$	
52. Ad	d the d	ollar value of all of your entries from Part 6, in	cluding any e	ntries for pages	vou have attached		
for	Part 6.	Write that number here				\$	
Part 7		escribe All Property You Own or Ha	ive an Inter	rest in That	You Did Not List Above		
		ive other property of any kind you did not alreadle Season tickets, country club membership	ady list?				
Ø						_	
		ive specific				\$	
						Ψ \$	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
54. Add	the d	ollar value of all of your entries from Part 7. Wr	rite that numbe	er here	•	\$	0.00

Part 8	L	ist the Totals of Each Part of this Fo	orm				
55. Pari	i 1: Tol	al real estate, line 2			-	\$	0.00
		al vehicles, line 5	¢	13,300.00		¥ <u></u>	
		·	4	4,500.00			
		al personal and household items, line 15	\$				
58. Part	4: Tot	al financial assets, line 36	\$	50.00			
59. Part	5: Tot	at business-related property, line 45	\$	0.00			
60. Part	6: Tot	al farm- and fishing-related property, line 52	\$	0.00			
61. Part	7: Tot	al other property not listed, line 54	+ \$	0.00			
32. Tota	ıl pers	onal property. Add lines 56 through 61	\$ <u></u>	17,850.00	Copy personal property total ->	+ s	17,850.00
		·			A Section of Bridge and American	Ψ	
33. Tota	i of all	property on Schedule A/B. Add line 55 + line 62	2,			s	17,850.00
		-				-	

NEil	l in this in	forma	ition to identify	(VOUL CASE:							
			art for the second second second								
De	bior 1	First Na	Charisse Jo	Middle Name	···	Last Name		ļ			
	btor 2 ouse, if filing)	First No	me	Middle Name		Last Name					
			ptcy Court for the		ot of Illinoic	Eggt 146tite					
Ça	se number		picy Court for the	NOIDICHI DISH	Ct Of Hillions						Check if this is ar
(11	known)			· · · · · · · · · · · · · · · · · · ·		 		_			amended filing
		************	n 106C	e Proj	artv	You	Claim	as Exe	smn4		
<u> </u>	JIICU	ui	- C: III	erio	Jei ty	TOU	Ciaim	I as ext	ampu		04/16
Usin spac your	g the propo e is neede name and	erty yo d, fill o case	ou listed on Sch out and attach to number (if know	edule A/B: Proposition of this page as representation.	perty (Officia nany copies	i Form 106/ of Part 2: A	VB) as your s dditional Pag	are equally respondence, list the progress as necessary. Consequences	perty that y On the top o	ou claim as e	xempt. If more
spec of ar retin limit	ific dollar ny applica ement fun s the exer	amoi ble st ds—r nptioi	unt as exempt. atutory limit. S nay be unlimit	Alternatively, ome exemption ed in dollar am r dollar amour	you may cl ns—such a ount. Howe nt and the v	aim the full is those for ever, if you	fair market v health aids, claim an exe	value of the prop rights to receive mption of 100% letermined to ex	erty being e certain b of fair mai	exempted up enefits, and to ket value und	to the amount ax-exempt ler a law that
Pa	rt 18 Id	entif	y the Proper	ty You Claim	as Exem	pt					
	You ar	e clai e clai	ming state and ming federal ex	federal nonbant emptions. 11 U	kruptcy exer .S.C. § 522(nptions. 11 (b)(2)	U.S.C. § 522	is filing with you. (b)(3) information belo	w.		
			on of the proper hat lists this pr		Current va		Amount of	the exemption yo	u claim	Specific laws	s that allow exemption
					Copy the vi Schedule A		Check only (one box for each e	xemption.		
	Brief		Household	goods	\$ 2,000.	00	□s				
	description	nı:			<u> </u>		+	f fair market value	e, up to		
	Schedule	A/B:	3.6				any app	licable statutory I	imít		
	Brief description	n:	Electronics		\$_1,000.	00	0 s				
	Line from Schedule		3.7					f fair market value licable statutory l			
	Brief description	~ .	Clothes		s 1,000.0	00	□s				
	Line from Schedule		3.11		7		☑ 100% o	f fair market value licable statutory li		·	
			ig a homestead				s filed on or o	fter the date of ad	livetmont \		
	Mo No	aujus	anent on 4/0 //	o and every 3	yoaro alter t	nativi Case	3 110 U U U U U	irei irie date 01.80	gusunent.)		
		id you	acquire the pro	perty covered I	by the exem	ption within	1,215 days be	efore you filed this	s case?		

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 23 of 54

Debtor 1

Call Cha			
Gall Cha	arisse Jones		Case number (if known)
First Name	Middle Name	Last Name	

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Jewelry	\$500.00		
Line from Schedule A/B:	3.12		100% of fair market value, up to any applicable statutory limit	
Brief description:	Cash	\$50.00	O \$	
Line from Schedule A/B:	3.16		↓ 100% of fair market value, up to any applicable statutory limit	- Address - Addr
Brief description:	***************************************	\$	\$	
Line from Schedule A/B:	WHAT THE PROPERTY OF THE PROPE		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u></u>	
Line from Schedule A/B:	and ordered and the state		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:	4-43-7-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4-3-1-4		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	3 \$	
Line from Schedule A/B:	nanonaminana		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	PARTIES AND

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 24 of 54

All the state of t	5e:					
Debtor 1 Gail Charisse Jones First Name Middle I	Name Last Name					
Debtor 2 (Spouse, if filing) First Name Middle I						
United States Bankruptcy Court for the: Northern	District of Illinois					
Case number						
(If known)						if this is an ed filing
Official Form 106D					ancnu	eu ming
Official Form 106D						
Schedule D: Creditor	s Who Have Claims Secur	ed i	by Pro	er	ty	12/15
information. If more space is needed, cop additional pages, write your name and cas 1. Do any creditors have claims secured by	by your property? In to the court with your other schedules. You have noth	and at	ttach it to this	form	. On the top of	any
Part 1: List All Secured Claims						
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Do no	nn A unt of claim It deduct the of collateral.		e of collateral supports this	Column C Unsecured portion If any
2.1 Regional Acceptance	Describe the property that secures the claim:	\$	12,300.00	\$	12,300.00	\$ 0.00
Creditor's Name 1424 East Fire Tower Road Number Street						
Number Steet	As of the date you file, the claim is: Check all that apply					
Greenville NC 27858	☐ Contingent ☐ Unliquidated					
City State ZIP Code	☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
Check if this claim relates to a	Other (including a right to offset)	-				
community debt Date debt was incurred 08/01/2015	Look 4 digito of security when					
2.2	Last 4 digits of account number	•		_		
Creditor's Name	Describe the property that secures the claim:	\$	*************************************	\$		B
Number Street						
5555	As of the date you file, the claim is: Check all that apply.					
	☐ Contingent					
City State ZIP Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Check one.	•					
Debtor 1 only	Nature of lien. Check all that apply.					
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
	☐ Judgment lien from a lawsuit					
At least one of the debtors and another	Other (including a right to offset)					

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 25 of 54

Debtor 1 Gail Charisse Jones First Name Middle Name	Last Name Case nu	mber (if known)		
Additional Page Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's Name	Describe the property that secures the claim:	\$ <u></u>	\$;	\$
Number Street	_			
Arturges Street				
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Ony State Zir Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:			
Creditor's Name	besome the property that secures the claim.	7	\$\$)
Number Street				
	As of the date you file, the claim is: Check all that apply.			
***************************************	Contingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	***			
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
 Check if this claim relates to a community debt 	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	· ·			
Creditor's Name	Describe the property that secures the claim:	\$	\$\$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
Oib	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	in Column A on this page. Write that number here:	* ** **		
	add the dollar value totals from all pages.	\$		
Write that number here	and the donar value totals from all pages.	\$		

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 26 of 54

Deb	otor 1	Gail Charisse Jones First Name Middle Name			Case number (if known)
	art 2:		Last Name	. That You Almand	
U a y	se this pa gency is tr ou have m	rying to collect from you to ore than one creditor for a	to be notified about or a debt you owe to any of the debts tha	it your bankruptcy for someone else, list the t you listed in Part 1.	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
<u>.</u>	e notinea i	for any debts in Part 1, do	not fill out or subm	it this page.	
	Name				On which line in Part 1 did you enter the creditor?
	1401110				Last 4 digits of account number
	Number	Street			-
					_
	City		State	ZIP Code	_
]		Otate	zir code	
	Name				On which line in Part 1 did you enter the creditor?
	TOTAL				Last 4 digits of account number
	Number	Street			•
					-
	City		State	ZIP Code	••
]		Sidio	in code	0. 1/10. 1. 5. 11. 11.
	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
					Last 4 digits of account number
	Number	Street			•
	······				-
	City		State	ZIP Code	-
					On which line in Bout 4 did you cate the and dis-
	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Number	Street			-
			·		
	City		State	ZIP Code	•
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			

	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
1	Name				Last 4 digits of account number
	Number	Street		***************************************	
	raumuer	Sticet			
	***************************************			440	
	City		State	ZIP Code	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 27 of 54

Fill in this information to identify your case:				
Debtor 1 Gail Charisse Jones				
First Name Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: Northern Distric	t of minois		□ ch	eck if this is an
Case number (If known)				ended filing
Official Form 106E/F				
Schedule E/F: Creditors \	Who Have Unsecured Cl	aims		12/15
Be as complete and accurate as possible. Use Pai List the other party to any executory contracts or A/B: Property (Official Form 106A/B) and on Schee creditors with partially secured claims that are list needed, copy the Part you need, fill it out, number any additional pages, write your name and case nearly List All of Your PRIORITY Unsecurity.	unexpired leases that could result in a claim. A dule G: Executory Contracts and Unexpired Leased in Schedule D: Creditors Who Have Claims of the entries in the boxes on the left. Attach the umber (if known).	Also list execute uses (Official Fo Secured by Pro	ory contracts on orm 106G). Do no operty. If more spin	Schedule t include any ace is
Do any creditors have priority unsecured claim No. Go to Part 2.	ns against you?			
Yes.				
 List all of your priority unsecured claims. If a c each claim listed, identify what type of claim it is. I nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of (For an explanation of each type of claim, see the 	f a claim has both priority and nonpriority amounts, claims in alphabetical order according to the credit	list that claim h tor's name. If yo r claim, list the o	ere and show both	priority and
, , , , , , , , , , , , , , , , , , , ,		Total cl		Nonpriority
1			amount	amount
Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	\$3,10	00.00 \$ 3,100.0)() \$
	When was the debt incurred? 02/01/2015	ò		
Number Street				
Fresno CA 93888	As of the date you file, the claim is: Check all tha	it apply.		
City State ZIP Code	Contingent Unliquidated			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
At least one of the debtors and another	Domestic support obligations			
Check if this claim is for a community debt	Taxes and certain other debts you owe the govern			
•	 Claims for death or personal injury while you were intoxicated 			
is the claim subject to offset?	Other. Specify			
☐ Yes		***************************************		
Arnold Scott Harris and Assoc.	Last 4 digits of account number	s 90	0.00 _s 900.0	0 ,
Priority Creditor's Name 600 W Jackson	When was the debt incurred? 06/01/2016	·		······································
Number Street	As of the date you file, the claim is: Check all tha	t anniu		
Chicago	Contingent	ι αμμιγ.		
Chicago IL 60661 City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only				
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the govern			
☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 			
Is the claim subject to offset? ☑ No	Other. Specify			
Yes				

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 28 of 54

Debtor 1

Gail	Charisse	Jones

First Name Middle Name Last Name

Case number (if known)_____

usung any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprie amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Phony Creditor's Name				
Number Streef	When was the debt incurred?			
number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
The loads one of the deptots and another	Claims for death or personal injury white you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
s the claim subject to offset?				
□ No				
☐ Yes				
	Last 4 digits of account number	\$	\$	\$
Pnority Creditor's Name	East 4 diffus of account number	T		. ¥
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
20.	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
	T			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
s the claim subject to offset?				
□ No				
⊒ Yes				
	Last 4 digits of account number	\$	\$	\$
riority Creditor's Name	Tayna or account number	*	***************************************	¥
	When was the debt incurred?			
lumber Street				
	As of the date you file, the claim is: Check all that apply.			
• • • • • • • • • • • • • • • • • • • •	•			
Dity State ZIP Code	Contingent			
ity State ZIP Code	Unliquidated			
Vho incurred the debt? Check one.	☐ Disputed			
	Tune of ODIODITY unexperied at later			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
-	Conter. Opecity			
s the claim subject to offset?	- Office. Opening			
s the claim subject to offset?	— one. openly			

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Page 29 of 54 Document

Gail Charisse Jones

Debtor 1

Case number at know Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Z Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** Quantum Group Last 4 digits of account number 326.15 Nonpriority Creditor's Name 11/01/2014 When was the debt incurred? 170 Charminster RD Number Street Bournemouth Dorset As of the date you file, the claim is: Check all that apply. ZIP Code ☑ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other, Specify Credit Yes 294.23 PRA Recievables Last 4 digits of account number 12/01/2014 Nonpriority Creditor's Name When was the debt incurred? 227 W Monroe As of the date you file, the claim is: Check all that apply Chicago IL 60606 State ZiP Code Contingent Ď Who incurred the debt? Check one. Unliquidated Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other, Specify Credit ☑ No Q Yes Prestige Financial Last 4 digits of account number 2,725.64 Nonpriority Creditor's Name 08/01/2015 When was the debt incurred? 351 W Oppurtunity Way Number Draper UT 84020 As of the date you file, the claim is: Check all that apply. State ZiP Code ■ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts M No Other. Specify <u>Credit</u> Yes

Doc 1 Filed 08/14/17

Case 17-24192 Entered 08/14/17 08:46:17 Desc Main Document Page 30 of 54 Gail Charisse Jones Debtor 1 Case number (if known) Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.4 Last 4 digits of account number Oppurtunity Financial Services 472.96 11/01/2014 When was the debt incurred? One Prudential Plaza #1650 Number Street As of the date you file, the claim is: Check all that apply. Chhicago 60601 State ZIP Code ☑ Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Credit **2** No Yes 4.5 Last 4 digits of account number Uncle Warbucks 156.00 Nonpriority Creditor's Name 10/01/2014 When was the debt incurred? POB 1459 Number Street As of the date you file, the claim is: Check all that apply. Kahnawake, Quebec JOL 180 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify credit ₩ No ☐ Yes 4.6 412.16 Last 4 digits of account number Atlas Acquisitions LLC Nonpriority Creditor's Name 10/01/2014 When was the debt incurred? Union St Stree As of the date you file, the claim is: Check all that apply. Hackensack NJ 07061 State ZIP Code Contingent Unliquidated

☐ Disputed

☐ Student loans

☑ Other Specify <u>Credit</u>

Type of NONPRIORITY unsecured claim:

you did not report as priority claims

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

294
Numbe

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

M No

☐ Yes

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 31 of 54

Debtor 1

Gail Charisse Jones

irst Name	Middle Name	Last Name	

ago or or or		
Case number	(if known)	

		_		
æ	ь.	•	-	
38	100	ш		33

Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	ter listing any entries on this page, r	umber the	em beginning with	4.4, followed by 4.5, and so forth.	Tc	otal claim
4.7	7 US Dept of Education			Last 4 digits of account number	\$	297.39
	Nonpriority Creditor's Name US-421			When was the debt incurred? 09/01/2000	Ψ	
	Number Street Westville	IN	46391	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	er		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
4.8	Money Lion			Last 4 digits of account number	\$	500.00
	Nonpriority Creditor's Name			When was the debt incurred? 12/01/2016	*	
	POB 1547 Number Street					
	Sandy	UT	84001	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes		ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify loan		
4.9	Colonial Financial Services Nonpriority Creditor's Name			Last 4 digits of account number	\$	300.00
	164 Elbern Ave			When was the debt incurred? 05/01/2017		
	Number Street Rutland	VT	05701	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	✓ ContingentUnliquidatedDisputed		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commuls the claim subject to offset? ☐ No	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>loan</u>		
	Yes					

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 32 of 54

Debtor 1

Gail	Charisse	Jones
~~		901103

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, number them beg	ginning with 4.4, followed by 4.5, and so forth.	Total claim
In Box Loan-Colonial	Last 4 digits of account number	s 650.0
Nonpriority Creditor's Name 164 Elbern	When was the debt incurred? 07/01/2017	3
Number Street	As of the date you file, the claim is: Check all that apply.	
	5701	
State ZiP (Code Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	Lisputea	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other, Specify Loan	
No Yes	- Guid. Openin	
Advocate Medical Group Jonpriority Creditor's Name	Last 4 digits of account number	s_2,000.00
RO75 Highland PKWY umber Street	When was the debt incurred? 05/01/2017	
	As of the date you file, the claim is: Check all that apply.	
y State ZIP C		
transport of the second of the	Unliquidated	
/no incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
No	Other Specify medical	
No Yes		
	Last 4 digits of account number	\$
onpriority Creditor's Name	When was the debt incurred?	
mber Street	As of the date you file, the claim is: Check all that apply.	
y State ZiP Co		
	Unliquidated	
ho incurred the debt? Check one.	Disputed	
Debtor 1 only	•	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	Other. Specify	
No Yes	• (

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 33 of 54

Debtor 1

Call	Charisse	lonon
Oali	CHAIRSE	JULIES

First Name Middle Name Last Name

Case number (if known)____

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a. Dom	estic support obligations	6a.	\$	0.00
HUIN FAIL I	6b. Taxes and certain other debts you owe the government	6b.	\$	4,000.00	
		ns for death or personal injury while you were icated	6c.	\$	0.00
		r. Add all other priority unsecured claims. that amount here.	6d.	+ \$	0.00
	6e. Total	. Add lines 6a through 6d.	6e.	\$	4,000.00
				Total claim	
Total claims	6f. Stude	ent loans	6f.	Total claim	297.39
Total claims from Part 2	6g. Oblig	ations arising out of a separation agreement vorce that you did not report as priority	6f. 6g.	Total claim	297.39
	6g. Oblig or div claim 6h. Debts	ations arising out of a separation agreement vorce that you did not report as priority		* \$ \$ \$ \$ \$	
	6g. Oblig or div claim 6h. Debts simila	ations arising out of a separation agreement vorce that you did not report as priority s	6g.	\$\$ \$\$	0.00

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 34 of 54

1000							
F	ill in this in	formation t	o identify your	case:			
D	ebtor		isswe Jones				
D	ebtor 2	First Name	Mi	ddie Name	Last Name	*	
	pouse if filing)	First Name	Mi	ddle Name	Last Name		
U	nited States I	Bankruptcy Co	ourt for the: North	ern District of I	llinois		
	ase number						☐ Check if this is an
(;	f known)		·····				amended filing
							•
O	fficial F	orm 10)6G				
S	chedu	ıle G:	Execut	ory Co	ntracts ar	d Unexpired Leases	40145
							12/15
info	rmation. If	more spac	rate as possible is needed, coor name and c	py the addition	onal page, fill it out,	together, both are equally responsible for sup number the entries, and attach it to this page.	plying correct On the top of any
1.	No. CI	neck this bo	ecutory contract x and file this for the information be	m with the cou	ırt with your other sc	nedules. You have nothing else to report on this fo are listed on Schedule A/B: Property (Official Form	rm. n 1064/R\
2.	List separ	ately each rent, vehicl	person or com	pany with wh	om you have the co	ntract or lease. Then state what each contract orm in the instruction booklet for more examples o	or lease is for (for
	Person or	r company :	with whom you	have the con	tract or lease	State what the contract or lease is f	or
2.1	***************************************						
	Name						
	Number	Street				_	
	City		State	ZIP Code			
	Oly		State	ZIF Gode			
2.2	Name	***************************************					
	Number	Street	***************************************			THE PROPERTY OF THE PROPERTY O	
	0.1						
2.3	Cîty		State	ZIP Code			
2.0	Name	·····				<u></u>	
	Number	Street					
	City	**************************************	State	ZIP Code			
2.4							
	Name		***************************************		PARTITION OF THE PARTIT		
	Number	Street					
		Greet					
	City	***************************************	State	ZIP Code			
2.5							
	Name				-		
	Number	Street					
	City		State	ZIP Code			
	,						

Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Case 17-24192 Doc 1 Document Page 35 of 54

Debtor 1	Gail Cha	risswe Jones			Case number (it known)
	First Name	Middle Name	Last Name		

Additional P	age if You	ı Have More	Contracts	or Leas
--------------	------------	-------------	-----------	---------

es Person or company with whom you have the contract or lease 22 Name Number Street City State ZIP Code 2._ Name Number Street ZIP Code City State 2._ Name Number Street City State ZiP Code 2._ Name Number Street City State ZIP Code 2.__ Name Number Street City State ZiP Code 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code 2.__ Name Number Street

State

ZIP Code

City

What the contract or lease is for

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 36 of 54

Fill in t	his information	to identify your ca	se:				
Debtor 1	Gail Cha	risse Jones		200000000000000000000000000000000000000			
Debtor 2	First Name	Miciclis	Name	Last Name	_		
	if filing) First Name	Middle	Name	Last Name	—		
United S	tates Bankruptcy C	ourt for the: Northerr	District of Illinois				
Case nu				-			
(if known	}						Check if this is an
O€:-:	-1 [[] 4/	0011					amended filing
	al Form 1						
Sch	edule H:	Your Co	lebtors				12/15
are filing	together, both a ber the entries i	are equally respon	sible for supplying left. Attach the A	a correct informa	ion. If more spar	te and accurate as possible. If the is needed, copy the Additional top of any Additional Pages, w	al Page fill it out
		iebtors? (If you are	filing a joint case,	do not list either sp	ouse as a codebi	or.)	
Ø							
2. With	in the last 8 yea	rs, have you lived aho, Louisiana, Ne	în a community p	Property state or to	rritory? (Commu	nity property states and territories	include
	No. Go to line 3.	ano, codisiana, Ne	vaca, ivew iviexico	, rueno Rico, Texa	s, vvasnington, ar	o vvisconsin.)	
		use, former spouse	, or legal equivaler	nt live with you at th	e time?		
	□ No	•		•			
(Yes. In which	community state or	territory did you liv	re?	Fill in the	name and current address of that	person.
							•
	Name of your spo	use, former spouse, or le	gal equivalent				

	Number S	treet					
	City		State	ZIP Coo	e		
3. In Co	lumn 1, list all c	f vour codebtors.	Do not include vo	OUT SDOUSE AS A CO	debtor if your si	ouse is filing with you. List the	nereon
shov	vn in line 2 agai:	n as a codebtor or	ly if that person i	s a guarantor or c	osigner. Make st	re you have listed the creditor	on
		Form 106D), Sche nedule G to fill out		Form 106E/F), or :	chedule G (Offic	ial Form 106G). Use Schedule L	Э,
	·						
Col	umn 1: Your cod	eptor			Co.	umn 2: The creditor to whom yo	u owe the debt
0.4					Ch	eck all schedules that apply:	
3.1 Nai	wo	·····				Schedule D, line	
Nai	ne					Schedule E/F, line	
Nur	nber Street		***************************************	······································		Schedule G, line	
City			State	ZIP Co	de		
3.2					r	-	
Nar	ne					Schedule D, line Schedule E/F, line	
Nur	nber Street					Schedule G, line	
City		4.44	Clate	710 0			
3.3			State	ZIP Co	ue		
Nar	ne					Schedule D, line	
Nun	shor Come		·····			Schedule E/F, line	
Nun	nber Street					Schedule G, line	
City			State	ZIP Co	de		

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 37 of 54

Gail Charisse Jones Debtor 1 Case number (# known) First Name Middle Name Last Name **Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3._ ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ Number ☐ Schedule G, line _____ Street City State ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street City State ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ Number ☐ Schedule G, line _____ Street City State ZIP Code 3._ ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street City ZIP Code State ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ___ Number ☐ Schedule G, line ___ Street City ZIP Code State 3.__ ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Street Number

ZIP Code

State

City

Fill in this information to identif	y your case:				
Debtor 1 Gail Charisse Jo	nes				
First Name	Middle Name	Last Name	-		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	Northern District of Illinois				
Case number (If known)			Chi	eck if this is:	
TO MOVED				An amended filing	
				A supplement showing poincome as of the following	
Official Form 106I				MM / DD / YYYY	j dale.
Schedule I: You	ur Income			ווויקט וואאווי ויקט וואאוויי	12/15
Be as complete and accurate as p supplying correct information. If y if you are separated and your spo separate sheet to this form. On the Part 1: Describe Employn	ou are married and not filir use is not filing with you, d e top of any additional page	ng jointly, and yo lo not include in	our spouse is living formation about vo	with you, include information	tion about your spouse.
Fill in your employment information.		Debtor 1		Debtor 2 or non	Giling anouga
If you have more than one job,		London, Arrian Son, Son, Son, Son, Son, Son, Son, Son	end varied a mediado (A. gyruginan priva, dyrum da kemasar viron metebring) 400 - agai da, keya megapir kay	Pentol 7 Of Holl	-mmg spouse
attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employ	ved	☐ Employed ☐ Not employed	d
Include part-time, seasonal, or self-employed work.		Danistanada	B = 11 = 12 A		
Occupation may include student or homemaker, if it applies.	Occupation	Registered M	Nedical Asst		
	Employer's name	Advocate Me	edical	4444444	
	Employer's address	2301 E 93rd			
		Number Street		Number Street	
			W		
		No.			
		Chicago	IL 350		
	Linux form a market and Ab	City	State ZIP Code	City	State ZIP Code
	How long employed there	? 15 years		15 years	
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated	the date you file this form.	If you have nothi	ng to report for any li	ne, write \$0 in the space. Inc	clude your non-filing
If you or your non-filing spouse ha below. If you need more space, at	ive more than one employer, tach a separate sheet to this	combine the info form.	rmation for all emplo	yers for that person on the li	ìes
			For Debto	r 1 For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,	ary, and commissions (befo calculate what the monthly w	re all payroll rage would be.	2. <u>\$ 2,890.0</u>	<u>00</u> \$	
3. Estimate and list monthly over	time pay.		3. +\$	<u> </u>	
4. Calculate gross income. Add lin	ne 2 + line 3.		4. \$ 2,890.0	00 \$	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 39 of 54

Debtor	1 Gail Charisse Jones First Name Middle Name Last Name		C	ase number (# kno) <u> </u>		
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse		
Co	py line 4 here	> 4.	\$_	2,890.00	\$		
5. Lis t	t all payroll deductions:						
5a	. Tax, Medicare, and Social Security deductions	5a	. \$	360.00	\$		
	Mandatory contributions for retirement plans	5b.	Ť		\$		
	Voluntary contributions for retirement plans	5c.			\$		
5d	Required repayments of retirement fund loans	5d.			\$		
5e	. Insurance	5e.	. \$_		\$		
5f.	Domestic support obligations	5f.	\$		\$		
~	. Union dues	5g.	. \$		\$		
5h	. Other deductions. Specify:	5h.	+\$_		+ \$		
6. A d	ld the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	· · · · · · · · · · · · · · · · · · ·	\$		
7. Ca	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,630.00	\$		
8. Lis :	t all other income regularly received:						
8a	Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		
8b	. Interest and dividends	8b.	\$	0.00	\$		
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	*		· ·		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		
	Unemployment compensation	8d.	\$	0.00	\$		
	Social Security	8e.	\$	0.00	\$		
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce					
	Specify:	8f.	\$	0.00	\$		
8g.	Pension or retirement income	8g.	\$	0.00	\$		
8h.	Other monthly income. Specify:	8h.	+ \$	0.00	+\$		
9. Ad	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$		
	tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,630.00	\$	= \$	2,630.00
Inclu frien	e all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you do or relatives.	our d	epende			<u>. </u>	
Do r Spe	not include any amounts already included in lines 2-10 or amounts that are n cify:	ot av	railable	to pay expense	es listed in Schedule J.	· \$	
12. Add Write	the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Your Assets and Liabilities and Certain St	esult atistic	is the c	ombined mont mation, if it ap	- hly income.	\$	2,630.00
13. Do	you expect an increase or decrease within the year after you file this fo	rm?					nthly income
	Yes. Explain:				***************************************		

Fill	in this information to identify	your case:			
Debi		ies			
Debt	First Name	Middle Name Last Name	Check if thi	·- ·•	
	use, if filing) First Name	Middle Name Last Name	An ame		for the second
Unite	ed States Bankruptcy Court for the:	Northern District of Illinois		ement snowing pos es as of the followin	tpetition chapter 13
Case (If kn	number		MM / DD	77 YYYY	_
(4 K)					
Offi	icial Form 106J				
Sc	hedule J: Yo	ur Expenses			12/15
inforn	complete and accurate as pon nation. If more space is need own). Answer every question.	ossible. If two married people are fili ed, attach another sheet to this form	ng together, both are equally re n. On the top of any additional p	esponsible for supply ages, write your nan	ying correct ne and case number
Part	1: Describe Your Hou	isehold			
1. is ti	his a joint case?				
	No. Go to line 2. Yes. Does Debtor 2 live in a s	separate household?			
	☐ No	•			
	Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
2. Do	you have dependents?	₩ No	Demonstration and attenue to the		
	not list Debtor 1 and stor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do i nam	not state the dependents' nes.		- Apply Profession	**************************************	☐ No ☐ Yes
					□ No
					U Yes □ No
				Mark-H	Yes
					□ No
					Yes
				A44/2-1	☐ No ☐ Yes
3. Dov	our expenses include	m/			4 165
exp	enses of people other than rself and your dependents?	☑ No ☐ Yes			
Part 2		ng Monthly Expenses			
expen	ite your expenses as of your ses as of a date after the ban able date.	bankruptcy filing date unless you ar kruptcy is filed. If this is a suppleme	re using this form as a supplem ntal Schedule J, check the box	ent in a Chapter 13 o at the top of the form	ase to report n and fill in the
		-cash government assistance if you	know the value of		
		it on Schedule I: Your Income (Office		Your expe	nses
	e rental or home ownership ear or rent for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4. \$ 1200	0.00
lf n	ot included in line 4:				
4a.	Real estate taxes			4a. \$	
4b.	Property, homeowner's, or re	enter's insurance		4b. \$	
4c.	Home maintenance, repair, a	nd upkeep expenses		4c. \$	
4d.	Homeowner's association or	condominium dues		é.u 60	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 41 of 54

Debtor 1 Gail Charisse Jones
First Name Middle Name Last Name

Case number (# known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$100.00
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$220.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$ 25.00
10.	Personal care products and services	10.	\$25.00
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12.	\$ 100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$30.00
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$ 85.00
	15d. Other insurance, Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	s 435.00
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e	\$

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 42 of 54

Debtor	1 Gail Charisse Jones First Name Middle Name Last Name	Case number (if known)		PerFiciel
21. O t	her. Specify:	21. + \$	5	
22. Ca	Iculate your monthly expenses.			3
228	a. Add lines 4 through 21.	22a. §	2216.00	
221	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$	0.00	
220	c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$	2210,00	· ·
23. Cal c	sulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	2,630.00	
23b.	Copy your monthly expenses from line 22c above.	23b \$	2210,00	
23c .	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	420,00	J. 18 /4
24. Do y	ou expect an increase or decrease in your expenses within the year after you	file this form?		
	example, do you expect to finish paying for your car loan within the year or do you ex gage payment to increase or decrease because of a modification to the terms of you			

☑ No. ☐ Yes.

Explain here:

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 43 of 54

Fill in this information to identify your case:			
Debtor 1 Gail Charisse Jones			
First Name Middle Name	Last Name	**************************************	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern District of	Illinois		
Case number			
(if known)			Check if this is an amended filing
			-
Official Forms 407			
Official Form 107			
Statement of Financial Affai	rs for Individ	uals Filing for Bankrupt	CY 04/16
e as complete and accurate as possible. If two man	ried people are filing tog	ether, both are equally responsible for supp	lying correct
nformation. If more space is needed, attach a separ number (if known). Answer every question.	ate sheet to this form. O	n the top of any additional pages, write you	r name and case
Part 1: Give Details About Your Marital Sta	itus and Where You L	ived Before	
What is your current marital status?			
Married			
☐ Not married			
 During the last 3 years, have you lived anywhere No Yes. List all of the places you lived in the last 3 years Debtor 1:	years. Do not include whe		Dates Debtor 2
	nveu uieie		lived there
		Same as Debtor 1	Same as Debtor 1
560 Clyde	From 1 <u>0/01/2006</u>		From
Number Street	To 1 <u>0/01/20</u> 15	Number Street	То
	_		_
Calumet City IL 60409 City State ZIP Code	_		•••
Oily State Zir Code		City State ZIP Code	
		Same as Debtor 1	Same as Debtor 1
N	From		From
Number Street	То	Number Street	То
	-		
	-		-
City State ZIP Code		City State ZIP Code	
3. Within the last 8 years, did you ever live with a s	pouse or legal equivalen	it in a community property state or territory?	(Community property
states and territories include Arizona, California, Ida M No	ho, Louisiana, Nevada, N	ew Mexico, Puerto Rico, Texas, Washington, a	nd Wisconsin.)
Yes. Make sure you fill out Schedule H: Your Co	idebtors (Official Form 106	3H)	
		·· · · ·	
Part 2: Explain the Sources of Your Income			

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 44 of 54

ebtor 1	Gail Charisse Jones		Case no	imber (if known)		
	First Name Middle Name Last	Name				
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.						
SELI YE	es. Fill in the details.	Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions ar exclusions)	
	rom January 1 of current year until he date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$19,800.00	Wages, commissions, bonuses, tips	\$	
		Operating a business		Operating a business		
	or last calendar year:	■ Wages, commissions, bonuses, tips	\$ 36,000.00	Wages, commissions, bonuses, tips	\$	
(7	January 1 to December 31, 2016 YYYY	Operating a business		Operating a business	Ψ <u></u>	
F	or the calendar year before that:	Wages, commissions,		☐ Wages, commissions,		
	January 1 to December 31, 2015	bonuses, tips Operating a business	\$35,500.00	bonuses, tips Operating a business	\$	
■ No	ich source and the gross income from e s. Fill in the details.	ach source separately. Do	not include income that	you listed in line 4.		
	o. i in in the details.	Debtor 1		Debtor 2		
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions an exclusions)	
	rom January 1 of current year until		\$	77-341	\$	
tr	he date you filed for bankruptcy:					
		··········	\$		\$	
F	or last calendar year:		3		\$	
(J	January 1 to December 31,2016					
			<u> </u>		\$	
F	or the calendar year before that:	•	2		•	
	January 1 to December 31,2015				φ \$	
	YYYY				\$	

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 45 of 54

Debtor 1	Gail Charisse Jones First Name Middle Name Last Name	P*************************************	Case nu	ımber (if known)	
	ment runic garage				
Part 3:	List Certain Payments You Made Befo	ore You Filed	for Bankruptcy		
	ther Debtor 1's or Debtor 2's debts primarily				
∟i No	 Neither Debtor 1 nor Debtor 2 has primaril "incurred by an individual primarily for a person During the 90 days before you filed for banknown. 	onal, family, or h	ousehold purpose."		(8) as
	No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. It child support and alimony. Also, do it * Subject to adjustment on 4/01/19 and every	Do not include pa not include paym	syments for domestic sup lents to an attorney for th	port obligations, such as is bankruptcy case.	
2 ∕ Ye	es. Debtor 1 or Debtor 2 or both have primarily During the 90 days before you filed for bankru			600 or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payments	r domestic suppo	ort obligations, such as ch	nild support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Regional Acceptance Creditor's Name	06/15/2017	\$960.00	\$12,500.00	☐ Mortgage
	1424 East Fire Tower Road Number Street	07/15/2017			Car Credit card Loan repayment
	Greenville NC 27858				☐ Suppliers or vendors
	Greenville NC 27858 City State ZIP Code				Other
	Creditor's Name		\$	\$	☐ Mortgage
					☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
	Creditor's Name		\$	\$	☐ Mortgage
					☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State 719 Code				Other

City

State

ZIP Code

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 46 of 54

ebtor 1	Gail Charisse Jones First Name Middle Name Last Nat	(P) 2	_	Case number (if known)	
	A CONTROL MIGHT LESS 1901	M52G			
Inside corpo agent	in 1 year before you filed for bankruptcy ers include your relatives; any general part erations of which you are an officer, directo t, including one for a business you operate as child support and alimony.	tners; relatives of any or, person in control, o	general partners; r owner of 20% or	partnerships of which more of their voting	th you are a general partner; securities; and any managing
	o es. List all payments to an insider.	Dates of	Total amount	Amount you still	Reason for this payment
		payment	paid	owe	
	Insider's Name		\$	\$	
ĵ	Number Street				
ō	City State ZIP Coo	de			
ī	nsider's Name	***************************************	\$	\$	
Ī	Number Street				
-					
õ	City State ZIP Coo	de			
an ins Includ	e payments on debts guaranteed or cosigi	ned by an insider.	ayments or trans	fer any property o	n account of a debt that benefit
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Îï	nsider's Name	· · · · · · · · · · · · · · · · · · ·	\$	\$	
Ñ	number Street	***************************************			
_					
ā	Sity State ZIP Cod	te			
Īr	nsider's Name		\$	\$	
Ñ	lumber Street	And the state of t			

==	ity State 710 Code				

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 47 of 54

or 1	Gail Charis	sse Jones			Case number (# Luneary	
	First Name	Middle Name	Last Name		Case statistics (
t 4:	Identify Le	gal Actions, Re	possessio	ns, and Foreclosures			
Vithi	*	····		re you a party in any lawsu	it. court action, or	administrative proceed	na?
st a	Il such matters,	including personal	injury cases,	, small claims actions, divorce	es, collection suits,	paternity actions, support	or custody modificati
	ontract disputes						
N	o						
ÍΥ	es. Fill in the de	tails.					
			Natur	re of the case	Court or agency		Status of the case
			halai	nce of car that was	404b budialat	Diam. :1	
c	_{Case title} Presti	ge Financial v		ed after insurance only	18th Judicial (SIFCUIT	🗹 Pending
	Gail Jones			75 percent			On appeal
-					Number Street		Concluded
c	Case number 20	0178R001034			Wheaton	IL 60187	
Ì					City	State ZIP Code	_
,	Case title						- Pending
•	\@3C B8C				Court Name		On appeal
					Number Street		Concluded
					Number Street		Concluded
C	Case number				City	State ZIP Code	rhe-
	es. Fill in the info	omaton scion.		Describe the property		Date	Value of the property
	*****						\$
	Creditor's Name	ı				4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*
	Number Stree			Frankska och det			
	Number Stree	TL .		Explain what happened			
				Property was reposs			
				Property was forecle			
	<u></u>	0	20.0-4	Property was garnis			
	City	State 2	ZIP Code	Property was attach	ea, seized, or levied	l.	
				Describe the property		Date	Value of the property
	******			_			\$
	Creditor's Name			_			

	Number Stree	t		Explain what happened			
				[] p			
				Property was repossProperty was forector			
				 Property was forecast Property was garnisi 			
	City	State 2	IP Code	Property was attached			

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 48 of 54

ا Gail Charisse		Case	number (if knawn)	
First Name Midd	le Name Last	t Name	, , , , , , , , , , , , , , , , , , ,	
ithin 90 days before yo	ou filed for bankru	iptcy, did any creditor, including a bank or fin	ancial institution, set off any a	mounts from ye
	ake a payment bed	cause you owed a debt?		
No Yes. Fill in the details.				
res. Fill in the details.				
		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name		-		
Number Street		-		\$
with the same of t		-		
City	State ZIP Code	Last 4 digits of account number: XXXX	- All Control of the	
5: List Certain Giff	ts and Contribu	itions		
	filed for bankrup	otcy, did you give any gifts with a total value o	f more than \$600 per person?	
thin 2 years before you No Yes. Fill in the details fo		otcy, did you give any gifts with a total value o	f more than \$600 per person?	
No	or each gift.	otcy, did you give any gifts with a total value o Describe the gifts	f more than \$600 per person? Dates you gave the gifts	Value
No Yes. Fill in the details for Gifts with a total value of	or each gift. of more than \$600		Dates you gave	Value \$
No Yes. Fill in the details fo Gifts with a total value of per person	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details fo Gifts with a total value of per person	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details fo Gifts with a total value of per person	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the	or each gift. of more than \$600		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street	or each gift. of more than \$600 e Gift State ZIP Code		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you	or each gift. of more than \$600 e Gift State ZIP Code		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of	or each gift. of more than \$600 e Gift State ZIP Code		Dates you gave	
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of per person	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of per person	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of per person	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the City Person's relationship to you Gifts with a total value of per person Person to Whom You Gave the	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the Number Street City Person's relationship to you Gifts with a total value of per person	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$
No Yes. Fill in the details for Gifts with a total value of per person Person to Whom You Gave the City Person's relationship to you Gifts with a total value of per person Person to Whom You Gave the	or each gift. of more than \$600 e Gift State ZIP Code u more than \$600	Describe the gifts	Dates you gave the gifts	\$

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 49 of 54

ebtor 1	Gail Charisse Jones	Case number (# known)_		·
ı. Witl	hin 2 years before you filed for bankru	uptcy, did you give any gifts or contributions with a total valu	ue of more than \$6	i00 to any charity?
Ø				•
	Yes. Fill in the details for each gift or co	ntribution.		
	Gifts or contributions to charities	Describe what you contributed		
	that total more than \$600	Describe what you contributed	Date you contributed	Value
	Charity's Name	_		\$
		we.	-W-1	\$
	Number Street	_		
	City State ZIP Code	-		
art 6	List Certain Losses			
	M			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
				\$
		otcy, did you or anyone else acting on your behalf pay or tran	nsfer any property	to anyone
Inclu	ide any attorneys, bankruptcy petition pr	eparers, or credit counseling agencies for services required in your	our bankruptcy.	
ш,	Yes. Fill in the details.			
		Description and value of any property transferred	Date payment or transfer was	Amount of paymen
	Person Who Was Paid		made	
	Number Street			\$
				\$
	City State ZIP Code			*
	Email or website address			
	Person Who Made the Payment, if Not You			

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 50 of 54

	Gail Charis				Case number (if known)		
	First Name	Middle Name	Last Name		OLDO HORIDOI (IFRIORII)		***************************************
			Đ	escription and value of any pr	operty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid						. ,
						7 TO 1700 104 104 104 104 104 104 104 104 104 1	\$
	Number Street						\$
							Ψ
	City	State ZIP	Code				
	Email or website addre	ss					
	Person Who Made the	Payment, if Not You					
1 N	ot include any pay lo 'es. Fill in the deta		,,,,,,				
			De	scription and value of any pro	perty transferred	Date payment or transfer was made	Amount of paye
	Person Who Was Paid		***************************************				
	Number Street					\$	\$
	Number Street						\$ \$
;	City		Code	tid vau sell trade or otho			\$
/ithi ans iclud o no	City in 2 years before ferred in the ordi de both outright tra of include gifts and	you filed for b nary course o insfers and trai transfers that	ankruptcy, of your busin nsfers made you have alro	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	y Describe any property o	ortgage on your pro	perty). Date transf
ithi ans clud o no No No No No No No No No No No No No No	City in 2 years before ferred in the ordi de both outright tra ot include gifts and	you filed for b nary course o unsfers and tran transfers that is.	ankruptcy, of your busin nsfers made you have alro	ess or financial affairs? as security (such as the gra eady listed on this statemen	nting of a security interest or m t.	ortgage on your pro	perty).
ithi ans clud no No No Ye	City in 2 years before iferred in the ordi de both outright tra ot include gifts and o es. Fill in the detai	you filed for b nary course o unsfers and tran transfers that is.	ankruptcy, of your busin nsfers made you have alro	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transf
/ithi ans clud o no No No No No No No No No No No No No No	City in 2 years before iferred in the ordi de both outright tra ot include gifts and es. Fill in the detai	you filed for b nary course o unsfers and tran transfers that is.	ankruptcy, of your busin nsfers made you have alro Dec	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transf
ithitans clud on the National	City in 2 years before iferred in the ordi de both outright tra ot include gifts and o es. Fill in the detail	you filed for b nary course o insfers and trai transfers that is.	ankruptcy, of your busin nsfers made you have alrest training the training training to the training training training the training trainin	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transfe
//ithi	City in 2 years before iferred in the ordi de both outright tra of include gifts and es. Fill in the detail	you filed for b nary course o unsfers and trai transfers that is. ransfer State ZIP C to you	ankruptcy, of your busin nsfers made you have alrest training the training training to the training training training the training trainin	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transfe
/ithi ans o no No I Yo	City In 2 years before In 3 years In 3 years In 4 years In 4 years In 5 years In 5 years In 5 years In 6 years In 6 years In 6 years In 7 years In 6 years In 7 years In 8 years In 9 ye	you filed for b nary course o unsfers and trai transfers that is. ransfer State ZIP C to you	ankruptcy, of your busin nsfers made you have alrest training the training training to the training training training the training trainin	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transfe
FF FF	City In 2 years before Iferred in the ordi Ide both outright tra It include gifts and O es. Fill in the detail Person Who Received T Number Street Person's relationship Person Who Received T	you filed for b nary course o unsfers and trai transfers that is. ransfer State ZIP C to you	ankruptcy, of your businnsfers made you have alrest training the training training to the training tra	sess or financial affairs? as security (such as the gra eady listed on this statemen scription and value of propert	nting of a security interest or m t. y Describe any property o	ortgage on your pro	perty). Date transfe

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 51 of 54

are a	beneficiary? (These are often calle	kruptcy, did you transfer any prope d asset-protection devices.) Description and value of the prop	Case number (सर्क rty to a self-settled tru		which you
are a	beneficiary? (These are often calle to be some calle	d asset-protection devices.)	rty to a self-settled tru	ist or similar device of t	which you
are a	beneficiary? (These are often calle to be some calle	d asset-protection devices.)	rty to a self-settled tru	st or similar device of t	which you
are a	beneficiary? (These are often calle to be some calle	d asset-protection devices.)	rty to a self-settled tru	st or similar device of t	which you
Ø No □ Ye	o es. Fill in the details.				
□ Ye	es. Fill in the details.	Description and value of the prop			
		Description and value of the prop			
Na 	ame of trust	Description and value of the prop			
Na 	ame of trust		erty transferred		Date transfer
Ne 	ame of trust				was made
					
art 8:	List Certain Financial Accou	nts, Instruments, Safe Deposit	Boxes, and Storag	je Units	
. Withir	n 1 year before you filed for bankr	uptcy, were any financial accounts	or instruments held in	vour name or for your	· honofit
close	d, sold, moved, or transferred?	-proy, word any interiority according	or monuments held in	your name, or for your	benefit,
includ	de checking, savings, money mark	et, or other financial accounts; cert	ificates of deposit; sha	ares in banks, credit ur	nions,
		peratives, associations, and other fi	nancial institutions.		
☑ No					
□ Ye	es. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was	Last balance before
			mseunent	closed, sold, moved, or transferred	closing or transfer
<u></u>	toma of Flavorial broth Alexander				
N	lame of Financial Institution	XXXX	☐ Checking		\$
N	lumber Street	onune.	☐ Savings		
-			Money market		
		was a	Money market		
		www.			
Ğ	ity State ZIP Code		☐ Brokerage		
ā	State ZIP Code				
			☐ Brokerage ☐ Other		¢
	ity State ZIP Code	XXXX	☐ Brokerage ☐ Other		\$
Na	ame of Financial Institution	XXXX	☐ Brokerage ☐ Other ☐ Checking ☐ Savings		\$
Na		XXXX	Brokerage Other Checking Savings Money market		\$
Na	ame of Financial Institution	XXXX	☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage		\$
Ni Ni	ame of Financial Institution	XXXX	Brokerage Other Checking Savings Money market		\$

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 52 of 54

ebtor 1	Gail Charisse Jones		Case number (if known)	
	First Name Middle Name	Last Name	Case number (# known)	
Have	unu atarad pennartula a ata-a-	and and - street		_
22 N	you stored property in a storage	unit or place other than your nome w	ithin 1 year before you filed for bankruptcy	?
	es. Fill in the details.			
-		Who else has or had access to it?	Describe the contents	Do you stil
		the old field of field doors to te.	bescribe the contents	Do you still have it?
	Name of Storage Facility	Name	THE STATE OF THE S	□ No
	,	***************************************		Yes
	Number Street	Number Street	**************************************	
		CityState ZIP Code	· · · · · · · · · · · · · · · · · · ·	
	City State ZIP Co	4		
	City State ZIP Co	de		
art 9:	Iriantifu Branasta Van U	ald an Cantack for Consumer Miss.		
40.00		old or Control for Someone Else		
		hat someone else owns? Include any	property you borrowed from, are storing fo	ır,
orho ☑ N	old in trust for someone.			
4	es. Fill in the details.			
		Where is the property?	Describe the property	Value
	Owner's Name			\$
		Number Street		
	Number Street			
				
:	City State ZIP Coo	City State Z	P Code	
220000 CS-644	ony State 21- Col	 		
art 10	Give Details About Envi	ronmental Information		
or the r	ourpose of Part 10, the following	definitions annhy		
hazaı	dous or toxic substances, waste	s, or material into the air, land, soil, s	oncerning pollution, contamination, releas urface water, groundwater, or other mediu	es of m,
		rolling the cleanup of these substanc		
Site	neans any location, facility, or pr	operty as defined under any environn	ental law, whether you now own, operate,	or
utilize	e it or used to own, operate, or ut	ilize it, including disposal sites.		
Hazai	rdous material means anything a	n environmental law defines as a haz	ardous waste, hazardous substance, toxic	
Subsi	tance, hazardous material, pollut	ant, contaminant, or similar term.		
port a	Il notices, releases, and proceed	ings that you know about, regardless	of when they occurred.	
Hae a	ny governmental unit netified ye	s that was may be light as a securial.	Habita and a second sec	
. 1 103 d) Soverminental unit notined yo	u mat you may be hable or potentially	liable under or in violation of an environme	ental law?
N K	0			
☐ Ye	es. Fill in the details.			
		Governmental unit	Environmental law if you know it	Data of control
		Governmental dill	Environmental law, if you know it	Date of notice
Na	me of site	Governmental unit		4
Nu	mber Street	Number Street		
_		City State ZIP Code		
Cit	v State ZIP Code	u.n.		

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 53 of 54

ebtor 1	Gail Charisse Jones		Case number (W. Communication	
	First Name Middle Name La	ast Name	Case number (ii XIOWA)	
25. Hav	e you notified any governmental unit	of any release of hazardous mater	ist?		
4		The state of Hazardoso Hagor	n.a. ;		
	NO Yes. Fill in the details.				
_	res. rat in the details.	0			
		Governmental unit	Environmental law,	if you know it	Date of notice
	Name of site	Governmental unit	-		
		_			
	Number Street	Number Street	-		
		City State ZIP Code	•		
	City State ZIP Code	_			
	State Exp Code				
26. Have	e you been a party in any judicial or a	dministrative proceeding under an	v environmental lav	/? Include settlements an	d ordere
2 1 :		. •	, =====================================		a ordera.
	Yes. Fill in the details.				
_	too. I iii iii tile details.	_			C4-4 6 No -
		Court or agency	Nature of the	ase	Status of the case
(Case title		•		
		Court Name			Pending
_					On appeal
		Number Street			☐ Concluded
					_ 0011010000
7	Case number	City State ZIP Coc	fe		
art 11	Give Details About Your Bu	siness or Connections to Any	Business		
7. With	in 4 years before you filed for bankru			vida connections to accele	
C	A sole proprietor or self-employed	in a trade, profession, or other ac	tivity, either full-tim	ong connections to any b	usiness?
	A member of a limited liability com	pany (LLC) or limited liability parts	nership (LLP)	o partane	
C	A partner in a partnership				
2	An officer, director, or managing ex	xecutive of a corporation			
	An owner of at least 5% of the voting	nd or equity securities of a cornor:	ation		
		ŕ			
	lo. None of the above applies. Go to P				
u Y	es. Check all that apply above and fill				
		Describe the nature of the business		Employer Identification numb	
	Business Name	•		Do not include Social Security	y number or ITIN.
			1	EIN:	
	Number Street	-	,		
		Name of accountant or bookkeeper	·	Dates business existed	
		•			
			1	From To	
	City State ZIP Code				
		Describe the nature of the business	, ,	Employer Identification numb	er
•	Business Name		i	Do not include Social Security	number or ITIN.
				air.	
	Number Street		•	EIN:	
		Name of accountant or bookkeeper	C	Dates business existed	
			ı	From To	
•	01		•		-

Case 17-24192 Doc 1 Filed 08/14/17 Entered 08/14/17 08:46:17 Desc Main Document Page 54 of 54

	narisse Jones	С	Case number (if known)		
First Name	Mixidle Name Las	Name			
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN		
Business Nam	NP.	-	so not include occas decurty number or the		
		_	EIN:		
Number Stre	et	Name of accountant or bookkeeper	Dates business existed		
			From To		
City	State ZIP Code				
nstitutions, cred Z Í No	ditors, or other parties.	ocy, did you give a illiancial Statement to a	inyone about your business? Include all financial		
		Date issued			
Name	TO STANDARD CO. ST	MM / DD / YYYY			
Number Stree	28				

City	State ZIP Code				
121 Sign Bo	elow				
I have would be					
answers are tru in connection w	e and correct. I understan	d that making a false statement, concealing result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraucement for up to 20 years, or both.		
. ()/	. 0>= (=				
\mathbf{x}	nl(mx)	*			
Signature of D	ebtor 1	Signature of Debtor 2			
Date		Date			
			s Filing for Bankruptcy (Official Form 107)?		
☑ No	-		January (emount) on to);		
Yes					
Did you pay or a	gree to pay someone who	is not an attorney to help you fill out bank	nintcy forms?		
No No	A E.A		rapecy rounds:		
Yes. Name of	person		Attach the Bankruptcy Petition Preparer's Notice,		
			Declaration, and Signature (Official Form 119).		